

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000095936

1. Corporation Name  
AMORDENT, INC.

Principal Place of Business  
315 S.E. 12TH STREET  
FT. LAUDERDALE FL 33316

Mailing Address  
315 S.E. 12TH STREET  
FT. LAUDERDALE FL 33316

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90133 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/25/1996

4. FEI Number  
65-0710265

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 2485 E. Sunrise Boulevard  
Suite, Apt. #, etc.  
22 Suite 206  
City & State  
23 Ft. Lauderdale, FL  
Zip  
24 33304  
Country  
25 US  
2a. Mailing Address  
26 2485 E. Sunrise Boulevard  
Suite, Apt. #, etc.  
27 Suite 206  
City & State  
28 Ft. Lauderdale, FL  
Zip  
29 33304  
Country  
30 US

9. Name and Address of Current Registered Agent

LIPTON, ROSS  
315 S.E. 12TH STREET  
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name  
William M. CHAIS  
82 Street Address (P.O. Box Number is Not Acceptable)  
1 NE 23rd Avenue  
83  
84 City  
Pompano Beach  
FL  
85 Zip Code  
33062

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

X 2/16/99

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
STOLZENBERG, JOEL  
3040 GALT CIRCLE  
PORT ST. LUCIE FL 34984  
DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
RD  
LIPTON, ALAN  
315 S.E. 12TH STREET  
FT. LAUDERDALE FL 33316  
DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
LIPTON, ROSS  
315 S.E. 12TH STREET  
FT. LAUDERDALE FL 33316  
DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D HARRINGTON  
CAFONE, MAY ANN  
315 S.E. 12TH STREET  
FT. LAUDERDALE FL 33316  
DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
VPD  
William M. CHAIS  
1 NE 23rd Avenue  
Pompano Beach, FL 33062  
Change Addition  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
Change Addition  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
Change Addition  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
Change Addition  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
Change Addition  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
Change Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/99 84-567-1680

CR2E034 (11/98)